Southwark
Clinical Commissioning Group

Accident and Emergency Department Performance

Southwark Healthy Communities Overview and Scrutiny sub-Committee

27 January 2014

Background and context

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The NHS Constitution includes a pledge that 95% of patients attending an A&E department will be seen and either discharged or admitted to hospital within 4 hours. This target applies to all 'types' of A&E services, which include:

•Type 1 A&E departments: A consultant-led 24 hour service with full resuscitation facilities.

•Type 2 A&E departments: A consultant-led single specialty A&E service (e.g. ophthalmology, dental)

•Type 3/4 A&E departments: Other type of A&E / minor injury units / Walk-in Centres / Urgent Care Centre, primarily designed for the receiving of accident and emergency patients.

Data included in this briefing shows trusts' performance for all patients attending local A&E sites, rather than for Southwark patients only. However, we do know that approximately 90% of A&E attendances by Southwark patients are at either King's Denmark Hill site, St. Thomas' A&E or Guy's Urgent Care Centre; with a relatively equal spilt in activity between the two providers.

Whilst GSTT has consistently delivered the national A&E standards in 2014/15, King's have not. However, the performance of King's Denmark Hill A&E department has been significantly better than performance at King's Princess Royal University Hospital emergency department (and by virtue of that, the aggregate trust-wide performance position).

Performance at Denmark Hill had improved since September 2014, with the dip in December mirroring a national trend at this time of year. At present the King's Denmark Hill site is performing amongst the top half of A&E departments in London, although it does remain under significant pressure from high levels of activity.

Urgent care performance – A&E waits

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A&E waits all types (target 95%) - % of patients who spent 4 hours or less in A&E before treatment or admission

	Jan	Feb	Mar	2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
KCH (all sites)	87.6	87.3	87.5		87.4	89.4	89.9	91.0	90.6	90.9	89.8	90.9	84.4
KCH (Denmark Hill)	93.3	94.0	92.2		92.0	93.3	93.1	92.6	92.5	93.9	95.1	95.8	90.9
GSTT	96.9	96.8	96.2		97.1	97.0	96.4	96.2	96.6	96.3	95.9	95.8	94.3

A&E waits type 1 (target 95%) - % of patients who spent 4 hours or less in A&E before treatment or admission

	Jan	Feb	Mar	2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
KCH (all sites)	83.3	82.4	82.8		82.8	85.6	86.2	87.5	87.2	87.6	86.1	87.7	78.5
KCH (Denmark Hill)	91.9	92.7	90.6		90.7	92.1	91.8	91.2	91.3	92.9	94.1	95.0	89.2
GSTT	96.0	95.8	95.1		96.2	96.2	95.2	94.9	95.4	95.2	94.6	94.4	92.9

Urgent care performance – weekly data

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Weekly A&E waits all types (target 95%) - % of patients who spent 4 hours or less in A&E before treatment or admission

	30/11/14	07/12/14	14/12/14	21/12/14	28/12/14	04/01/15
KCH (all sites)	91.3	86.0	82.5	81.9	87.7	81.3
KCH (Denmark Hill)	94.8	90.2	92.3	88.6	93.0	89.3
GSTT	95.7	95.2	93.9	92.6	96.2	95.5
London	92.9	91.4	89.7	89.0	91.2	88.8

Weekly A&E waits type 1 (target 95%) - % of patients who spent 4 hours or less in A&E before treatment or admission

	30/11/14	07/12/14	14/12/14	21/12/14	28/12/14	04/01/15
KCH (all sites)	88.4	80.9	76.1	74.4	83.1	74.3
KCH (Denmark Hill)	93.8	88.5	92.3	86.3	91.9	87.3
GSTT	94.4	93.8	92.2	90.5	95.4	94.6

Summary of Q2 and Q3 performance position

GSTT have met the performance standard in all three quarters of 2014/15. King's (Denmark Hill) failed the last four quarters targets up to and including quarter 3 2014/15. The A&E department at King's Denmark Hill site achieved the performance standard for the months of October and November, though performance deteriorated in December 2014.

There are a number of issues which have contributed to performance failure in 2014/15:

- Bed capacity issues and fluctuations in demand.
- Delays in the repatriation of specialist patients (e.g. stroke, trauma, neurology and cardiac) from Denmark Hill to their local hospitals.
- Delayed discharges of patients medically fit for discharge (though this is minor issue for Southwark patients).
- The reported increased 'acuity' of patients presenting at King's emergency department.

The system response to A&E pressures in 2014/15

The Lambeth, Southwark and Bromley System Resilience Group has developed a System Resilience Plan which details all actions that all organisations within the system are taking to improve performance and return to sustainable achievement of the national performance standards. These plans draw on existing recovery plans from KCH and cover both elective and non-elective care pathways across Lambeth, Southwark and Bromley. Plans were comprehensively assured by NHS England and were supported by funding for Denmark Hill of £2.6m.

An external agency was commissioned to complete a Demand and Capacity review, which has been used to inform the trust's management plan. This plan involves reconfiguring the utilisation of capacity at Denmark Hill, PRUH, QMS and Orpington sites and the trust taking steps to improve internal and external productivity and efficiency.

Commissioners from Southwark, Lambeth and Bromley CCGs, NHS England and Monitor oversee the implementation of action plans through regular 'tripartite' meetings. National winter pressures funding has been made available to the local health economy to support improved performance in both emergency and elective care. Recovery plan is also funded through 2014/15 contract agreement with additional out of hospital investment to support site performance.

Summary of actions taken to improve performance

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1. **Denmark Hill site capacity:** Commissioners and trusts completed a demand and capacity analysis for each site in south east London in order to establish, on a specialty-by-specialty basis, how many beds are likely to be needed to meet future demand in 2014/15 . For Denmark Hill, a bed gap of 68 was identified. Work was initiated to transfer elective capacity from Denmark Hill to Orpington and PRUH; improving internal efficiency, and making full use of increased community capacity in order to free beds on the Denmark Hill site.

CCGs and KCH agreed repatriation protocols with Lewisham and Greenwich NHS Trust as these had previously proved to be problematic and had disrupted patient flows at Denmark Hill over the previous 12 months. The Lewisham and Queen Elizabeth hospital stroke units have now consolidated onto one site for several months, which is better facilitating repatriation pathways and freeing bed capacity at KCH.

2. **Mental Health:** Additional bed capacity commissioned at SLaM and an additional psychiatric liaison nurse post at KCH A&E has been funded by CCG. Further investment has also been identified for SLaM through the winter funding process to provide additional support to Denmark Hill A&E and improve emergency pathways for people presenting with mental health problems. Winter funds are being utilised to extend support to both St Thomas' and Denmark Hill emergency departments in and out of hours. This additional staffing is in place to ensure timely responses and assessments of patients.

Summary of actions taken to improve performance

3. **Primary care access:** The CCG agreed to commission extended capacity in primary care so that patients would be able to access services 8am-8pm, 7 days a week. The CCG received approximately £1m from the Prime Minister's Challenge Fund, which is being used for setup and infrastructure costs and we have also invested a further recurrent £2.1m to maintain enhanced access to primary care. To date, the following have been established:

   - Mobilisation of first extended access site (Lister Health Centre) on 11 November with positive initial feedback from patients and practices.

   - Pathway in place to allow patients to be re-direction from King's A&E department to the Lister Health Centre.

   - On-going work around staffing, practice readiness, IT and premises to mobilise second site (Bermondsey Spa) in February 2015.

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4. **Repatriations:** A south London-wide repatriation coordination project has been funded for six months to support improved management of repatriation of patients across south London and to identify any underlying issues which impact on the effective repatriations of patients. The programme began in mid-October 2014 and has since then successfully improved the level of data and information being supplied about patients awaiting repatriation. So far this had led to a greater focus on the impact of repatriation delays and has enabled progress to be made on inter-provider escalation and management of repatriation delays.

5. **Guy's Urgent Care Centre:** The provider of this service changed in Q1 this year and services are now delivered by GSTT in partnership with primary care support.

6. **Multi-disciplinary team assessment/social care:** A weekend social care worker pilot at GSTT to support seven day working has been established and will be evaluated.

December / January actions to sustain performance

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	Issue	Action	Implementation Date	Additional capacity
1	Closing bed gap and establishing contingency	Plan in place to close bed gap in full and provide contingency capacity over Q3 and beginning of Q4..	September 2014 to March 2015	68 beds (plus contingency)
2	Discharge - repatriations and rehabilitation	Opening of a 20 bedded Orpington unit for outer south east London/Kent patients (phased opening) GST Neuro rehab winter resilience scheme (Dec 2014) L&G stroke unit consolidation (Nov 2014).	Phased opening over Q3/ early Q4	20 repatriation 20 rehab beds
3	Ring-fenced elective capacity	Significant element of outsourced activity secured for October and November with negotiations now commencing with private sector for December onwards, and increased on site elective ring-fenced beds.	October – December 2014	16 elective beds
4	Productivity and efficiency across the emergency care pathway	With focus on discharge plus front end assessment pathways are the key areas of internal and interface focus.	November and December 2014	7 admission avoidance 16 productivity 12 community
5	Managing periods of peak demand - winter initiatives	Enhanced capacity to support peak winter period, including 7 day working, enhanced staffing, increased out-of-hours care capacity, initiatives to support alcohol and mental health.	December 2014 to March 2015	
6	Safer Faster Hospital Week (SFHW)	SFHW in December 2014 to further step up and embed performance, with a planned focus on discharge the major improvement objective of the week, plus a January 2015 London wide Breaking the Cycle Week.	December 2014 and January 2015	

Impact on performance – All initiatives will support delivery of 95% trajectory plus provide further contingency capacity for managing expected peak winter demand.

Further actions to address current challenges

Winter Resilience initiatives: As of 12 December 2014 one third of system resilience group (SRG)Denmark Hill related initiatives were in place and impacting. Concerted action to implement remaining initiative and ensure impact is maximised is being taken with daily SRG oversight of implementation.

Enhanced escalation in relation to key out of hospital issues: The SRG undertakes a daily review and escalation of actions to support repatriation and mental health delays. The SRG also completes daily review of out of hospital care capacity to ensure community-based admission avoidance and supported discharge services are fully utilised in line with available capacity.

Internal trust recovery: Refreshed escalation processes in place, including reinforcing Internal Professional Standards. The process was implemented at pace following days of performance challenge including 'internal incident' status.

An **increase available emergency capacity** in Q4 to maximise available on site emergency capacity.

Managing demand: Joint work is being completed to maximise A&E diversion and support better utilisation of UCCs, A&E diversion schemes, and referral to general practice. **Expediting discharge** with a major escalation focus on timely discharge to free up in hospital capacity and support good patient flow.